

DOCKET NO.: IA00009

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Donald Remboski

APPLICATION NO.: 09/944,887

FILED: August 31, 2001

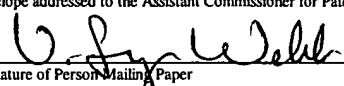
GROUP ART UNIT: 3661

TITLE: VEHICLE ACTIVE NETWORK AND DEVICE

Certificate of Mailing

Date of deposit: December 3, 2001

I hereby certify that this paper is being deposited with the United States Postal Service on the date indicated above, as first-class mail, with sufficient postage attached thereto, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C.


Signature of Person Mailing Paper

V. Lynn Webb
Printed Name of Person Mailing Paper

Assistant Commissioner for Patents
Washington, D.C. 20231

Attention: Customer Service Center
Initial Patent Examination Division

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Sir:

Responsive to the Notice to File Missing Parts of Application dated October 4, 2001, please find enclosed:

- | | | |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | 4 | page Declaration Combined with Power of Attorney |
| <input checked="" type="checkbox"/> | 1 | page copy of Notice to File Missing Parts of Application |
| <input type="checkbox"/> | | Sheets of formal drawings |
| <input type="checkbox"/> | | |

The Commissioner is hereby authorized to charge all fees due to Account No. 13-4771. A fee transmittal is enclosed.

Respectfully submitted,

SEND CORRESPONDENCE TO:

Motorola, Inc.
Law Department
Customer Number: 23330

By:



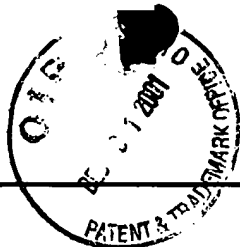
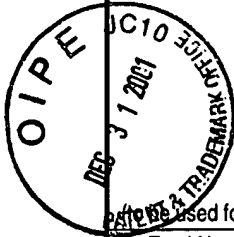
KEVIN D. WILLS

Agent of Record

Reg. No.: 43,993

Telephone: 602-952-4362

Fax No.: 602-952-4376



TRANSMITTAL FORM

Patent used for all correspondence after initial filing)

Total Number of Pages in this Submission 9

| | |
|------------------------|-----------------|
| Application Number | 09/944,887 |
| Filing Date | August 31, 2001 |
| First Named Inventor | Donald Remboski |
| Group Art Unit | 3661 |
| Examiner Name | Not assigned |
| Attorney Docket Number | IA00009 |

ENCLOSURES

(check all that apply)

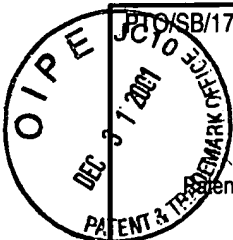
| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> page Declaration Combined with Power of Attorney <input type="checkbox"/> sheet(s) formal drawings <input checked="" type="checkbox"/> copy of Notice to File Missing Parts of Application |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------------|-----------------------|------------------|--------|
| Firm or Individual | Kevin D. Wills | Registration No. | 43,993 |
| Signature | <i>Kevin D. Wills</i> | | |
| Date | December 3, 2001 | | |

CERTIFICATE OF MAILING

| | | | |
|--|---------------------|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date listed below: | | | |
| Typed or printed name | V. Lynn Webb | | |
| Signature | <i>V. Lynn Webb</i> | Date | December 3, 2001 |



| | | | |
|--|--------------------|--------------------------|-----------------|
| PRO/5B/17 (11-00) | | Complete if Known | |
| FEE TRANSMITTAL Patent fees are subject to annual revision | | Application Number | 09/944,887 |
| | | Filing Date | August 31, 2001 |
| | | First Named Inventor | Donald Remboski |
| | | Examiner Name | Not Assigned |
| | | Group Art Unit | 3661 |
| TOTAL AMOUNT OF PAYMENT | (\$) 130.00 | Attorney Docket No. | IA00009 |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | |
|---|-----------------------|---------------------------------|------------------|--|--------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 13-4771 Deposit Account Name Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | 3. ADDITIONAL FEES | | | |
| 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | |
| FEE CALCULATION | | | | | |
| 1. BASIC FILING FEE | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | |
| 101 | 710 | 201 | 365 | Utility filing fee | |
| 106 | 320 | 206 | 160 | Design filing fee | |
| 107 | 490 | 207 | 245 | Plant filing fee | |
| 108 | 710 | 208 | 355 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |
| SUBTOTAL (1) | | | | (\$) | |
| 2. EXTRA CLAIM FEES | | | | | |
| Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> Fee from below <input type="text"/> = <input type="text"/> Fee Paid <input type="text"/> | | | | | |
| Independent Claims <input type="text"/> -3** = <input type="text"/> X <input type="text"/> Fee from below <input type="text"/> = <input type="text"/> Fee Paid <input type="text"/> | | | | | |
| Multiple Dependent Claims <input type="text"/> = <input type="text"/> Fee Paid <input type="text"/> | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 | |
| 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid | |
| 109 | 80 | 209 | 40 | ** Reissue independent claims Over original patent | |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | | (\$) | |
| **OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above | | | | | |
| SUBMITTED BY | | Complete (if applicable) | | | |
| Name (Print/Type) | Kevin D. Wills | Registration No. | 43,993 | Telephone | 602-952-4362 |
| Signature | <i>Kevin D. Wills</i> | Mail Date | December 3, 2001 | | |